



McMinn Senior Activity Center

Food, Safety, and Home Repair Assistance

Funded by a grant provided by the Athens Federal Foundation and the TVA Community Care Fund

Qualifications to be considered for the Senior Safe at Home Program:

Older adults in McMinn County will be able to apply for funds to help with a multitude of needs that fall under one of three categories- **Food Insecurity**, **Senior Safety**, and **Home Repair**. Funds distributed by the Safe at Home program will not cover the entire costs requested. Along with the application process seniors will have to meet certain requirements in order to qualify for funding assistance. These include:

1. Be aged 50 and older
2. Reside in McMinn County
3. Applicants must work with the MSAC Senior Advocate and must have exhausted all other funding resources.
4. Applicants may only apply for funds one (1) time per year (within 365 days) but applications will be available year-round as long as funding is available and will be processed in the order they are received.
5. Funds will be paid directly to the service provider or in the form of a gift card depending on the request. NO CHECKS will be written/paid directly to the applicant.

Copies of the following documentation are required for applications to be considered:

1. Photo identification. (driver's license, state ID card, passport)
2. Proof of residency with address listed. (most current utility bill, tax forms/returns, tenancy agreement or lease papers, paycheck or paystub, tax statement, social security papers)

Assistance through this program will be provided on a first-come, first-served basis. Only completed applications including all required documentation will be processed to determine what, if any, assistance can be provided. Failure to provide all required documentation with the application will result in the application being denied. For questions about this program, please call 423-745-6830.



Applicant Information:	
Applicant First & Last Name (Printed):	
Property Address:	
Phone #:	Email:
Is this your primary address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many currently live in your household?	
Do you live below the Federal Poverty Line? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1: \$20,783 < 2: \$28,207 < 3: \$35,632 < 4: \$43,056 < 5: \$50,480 < 6: \$57,905 <	
Reason for applying for Assistance (Please print/use separate sheet of paper if needed):	

Previous Assistance:
Have you or any member of the household applied for assistance from any other agency within the past six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list names of agencies, dates applied, if/when assistance was awarded, and amount of assistance (use separate piece of paper if needed):
Do you receive Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive other state/federal aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you reside in federally subsidized housing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I certify that the information provided in this application is accurate and complete. I further certify that I am a resident of McMinn County, Tennessee. I further acknowledge that an incomplete application will not be considered and that meeting program eligibility requirements does not guarantee assistance will be provided. I authorize the McMinn Senior Activity Center by my signature to verify all information I have provided in this application. I acknowledge and understand any false statements or false information provided by me on this application does not guarantee I will receive assistance, and I agree to hold harmless the McMinn Senior Activity Center, its employees, Board of Directors, and volunteers.

Date: _____

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For Office Use Only		
Date Received By MSAC:	Staff Initials:	
Action taken after review:		
Amount Awarded:	Date Payment Made:	Check #:

